

# TRANSMITTAL FORM

Application Serial Number	10/768,579
Filing Date	January 30, 2004
First Named Inventor	Dhanoa
Group Art Unit	1624
Examiner Name	Emily B. Bernhardt
Attorney Docket No.	PRE-006
Patent No.	Not applicable
Issue Date	Not applicable

## ENCLOSURES (check all that apply)

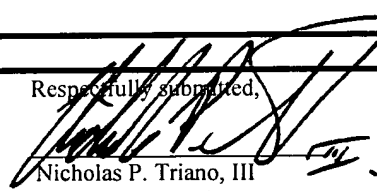
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| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Check Attached<br><input type="checkbox"/> Copy of Fee Transmittal Form<br><br><input checked="" type="checkbox"/> Amendment/Response<br><input type="checkbox"/> Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]<br><br><input checked="" type="checkbox"/> Petition for Extension of Time<br><br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> Copies of IDS Citations<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application<br><br><input type="checkbox"/> Formal Drawing(s)<br><br><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><br><input type="checkbox"/> Small Entity Statement<br><br><input type="checkbox"/> CD(s) for large table or computer program<br><br><input type="checkbox"/> Amendment After Allowance<br><br><input type="checkbox"/> Request for Certificate of Correction<br><input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><br><input type="checkbox"/> Appeal Brief (in triplicate)<br><br><input type="checkbox"/> Status Inquiry<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8<br><input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8<br><input type="checkbox"/> Additional Enclosure(s) (please identify below) |
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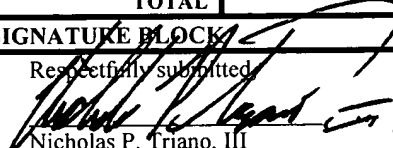
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## SIGNATURE BLOCK

Date: May 24, 2006  
 Reg. No. 36,397  
 Tel. No.: (617) 570-1963  
 Fax No.: (617) 523-1231

Respectfully submitted,  
  
 Nicholas P. Triano, III  
 Attorney for Applicants  
 Goodwin | Procter LLP  
 53 State Street  
 Boston, MA 02109

<div style="display: flex; align-items: center; justify-content: space-between;"> <div style="text-align: center;">  </div> <div> <p style="margin: 0;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Serial Number</td> <td>10/768,579</td> </tr> <tr> <td>Filing Date</td> <td>January 30, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Dhanoa et al.</td> </tr> <tr> <td>Group Art Unit</td> <td>1624</td> </tr> <tr> <td>Examiner Name</td> <td>Emily B. Bernhardt</td> </tr> <tr> <td>Attorney Docket No.</td> <td>PRE-006</td> </tr> </table> </div> </div>		Application Serial Number	10/768,579	Filing Date	January 30, 2004	First Named Inventor	Dhanoa et al.	Group Art Unit	1624	Examiner Name	Emily B. Bernhardt	Attorney Docket No.	PRE-006																																																																																																																																																										
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<p><b>METHOD OF PAYMENT</b></p> <p>1. <input checked="" type="checkbox"/> Payment Enclosed:  <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p>2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 07-1700.  <input type="checkbox"/> Required Fees (copy of this sheet enclosed).  <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17.  <input checked="" type="checkbox"/> Overpayment Credit.</p> <p>3. <input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p><b>1. FILING/SEARCH/EXAM/SIZE FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Large Entity Fee (\$)</th> <th style="width: 50%;">Fee Description</th> <th style="width: 40%;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>300</td><td>Utility filing fee</td><td></td></tr> <tr><td>500</td><td>Utility search fee</td><td></td></tr> <tr><td>200</td><td>Utility exam fee</td><td></td></tr> <tr><td>250</td><td>Utility size fee (each add'l 50 pgs. over 100)</td><td></td></tr> <tr><td>200</td><td>Design filing fee</td><td></td></tr> <tr><td>100</td><td>Design search fee</td><td></td></tr> <tr><td>130</td><td>Design exam fee</td><td></td></tr> <tr><td>250</td><td>Design size fee (each add'l 50 pgs. over 100)</td><td></td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Number Filed</th> <th style="width: 10%;">Number Extra</th> <th style="width: 10%;">Rate</th> <th style="width: 10%;">Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>- 20 =</td> <td>x \$ 50.00 =</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>- 3 =</td> <td>x \$200.00 =</td> <td>0.00</td> </tr> </tbody> </table> <p><input type="checkbox"/> Multiple Dependent Claim(s), if any \$360.00 = TOTAL:</p> <p style="text-align: center;"><b>SMALL ENTITY DISCOUNT:</b></p> <p><b>SUBTOTAL (1)</b> (\$) 0.00</p> <p><b>2. AMENDMENT CLAIM FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Claims Remaining After Amend.</th> <th style="width: 10%;">Highest No. Previously Paid For</th> <th style="width: 10%;">Present Extra</th> <th style="width: 10%;">Rate</th> <th style="width: 10%;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>-</td> <td>=</td> <td>x \$ 50.00 =</td> <td></td> </tr> <tr> <td>Indep.</td> <td>-</td> <td>=</td> <td>x \$200.00 =</td> <td></td> </tr> <tr> <td colspan="4"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td> <td>+ \$360.00 =</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL:</td> <td>(\$)</td> </tr> <tr> <td colspan="4" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td>(\$)</td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (2)</b></td> <td>(\$)</td> </tr> </tbody> </table>	Large Entity Fee (\$)	Fee Description	Fee Paid	300	Utility filing fee		500	Utility search fee		200	Utility exam fee		250	Utility size fee (each add'l 50 pgs. over 100)		200	Design filing fee		100	Design search fee		130	Design exam fee		250	Design size fee (each add'l 50 pgs. over 100)		Number Filed	Number Extra	Rate	Amount	Total Claims	- 20 =	x \$ 50.00 =	0.00	Independent Claims	- 3 =	x \$200.00 =	0.00	Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	Total	-	=	x \$ 50.00 =		Indep.	-	=	x \$200.00 =		<input type="checkbox"/> First Presentation of Multiple Dep. 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